

SEP 26 2003



DENALI COMMISSION
Financial Award Close Out

Dear Sirs,

Please accept this completed Financial Award Close-out for the Haines Health Center Renovation Phase III and IV. Enclosed are copies of the following documents.

1. Coversheet With Signatures
2. Close-out Report
3. Final SF269
4. Photographs

Thank you for the opportunity to complete this project. The participation of your agency has been monumental to the improvements of the health care delivery services in Haines.

If you have any questions on this report, please contact Matt Christner at 907.966.8313.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dennis Heller".

Dennis Heller
Facility Manager



**SEARHC HAINES
HEALTH CENTER**

SouthEast Alaska Regional Health Consortium

DENALI COMMISSION

Haines Health Center Phase III and Phase IV
SouthEast Alaska Regional Health Consortium
Project P0104

Report Prepared by the Project Officer for the Recipient Organization:

Dennis Heller
Facility Manager
SEARHC

9/23/13

Date

Recommended by the Authorized Representative for the Recipient Organization:

Kenneth Brewer
President
SEARHC

Date

Recommended by Denali Commission Project Manager:

Joel Neimeyer
Project Manager
Denali Commission

Date

Approved by Denali Commission Chief of Staff:

Al Ewing
Chief of Staff
Denali Commission

Date

Denali Commission Internal Use Only	
Financial Assistance Award Amount	
Total Transferred to Recipient	
Balance to be De-Obligated	

Close-Out Narrative

Haines Health Center P0104

BACKGROUND:

A. Need for the facility.

Haines is a rural community of approximately 1800 persons located 100 miles North of Juneau in Southeast Alaska. SEARHC has maintained its presence as the only healthcare provider for Haines since 1998 currently serving the community and the surrounding population with a small outpatient clinic and ER.

The existing clinic had been determined to be inadequate for the growing healthcare needs of Haines. Annual patient visits increased from 4,500 in 1998 to nearly 9,000 encounters in 2001. This expanding patient volume is commensurate with increased services. Recognizing the need and the desire of their clients to stay in Haines for treatment, the SEARHC clinic has developed its delivery programs to include many procedures which (prior to 1998) required travel to Juneau or Sitka. The expanded programs and the increased use overcrowded the existing clinic and have necessitated the expansion projects.

The space constraints have been resolved with a new 2500 sq. ft. clinic addition during Phase IV and an additional 1500 sq. ft. presently under construction in Phase V of the renovation. The Phase IV design provided four additional exam rooms, an emergency suite, new ADA compliant entry with an elevator, additional storage, and an upgraded mechanical heating and ventilation system. By reconfiguring the space and making the lower level accessible, services such as the pharmacy, dental will be able to have dedicated space and more office and support spaces can be provided to match the demand for staff increases.

B. Existing Facilities

The existing Haines Clinic was housed in a two story building originally known as the Lynn Canal Medical Clinic which was a public health clinic transferred to SEARHC by the City of Haines in 1998.

The Clinic building was approximately 6,000 square feet total but was limited to public access only on the main level due to ADA regulations. The main floor of the clinic included three exam rooms, one limited procedure / emergency room, radiology, a lab, small pharmacy, admin/ reception/ chart room, three public restrooms and office and storage areas. The basement housed mostly administrative and storage functions.

The building did not provide enough space to meet current program demands. The following list generalizes the deficiencies which were remedied by Phase III and Phase IV:

- *Not enough exam rooms*
- *Inadequate Emergency Room.*
- *In sufficient space for Community Family Service Workers and Community Wellness Advocates*
- *No dedicated Dental space*
- *Pharmacy is too small and does not have adequate secure storage*
- *Clinic is not fully ADA accessible*
- *Building is not sprinkled to comply with State of Alaska Fire Marshal Requirements.*
- *There is no Mechanical ventilation system which is critical in controlling the patient environment.*

ACTIVITIES:

A. Completed Facility

The Phase III and Phase IV addition to Haines was approximately 2,500 square feet with an additional 1,100 square feet in the basement for future expansion or storage. Construction Documents were produced by Nana/Dowl Engineers illustrate the functional and spacial solutions to the deficiencies of the existing clinic. The improvements included the following:

- *New 2-bed Emergency Room*
- *Four New Medical Exam Rooms*
- *Entry area with Elevator*
- *Additional Restrooms*
- *New Mechanical room with HVAC*
- *Storage*
- *Site Improvements*

All of these activities were accomplished according to the original program through fixed price contracts. There are no outstanding claims regarding these two contracts.

Through Phase V the remainder of the clinics deficiencies will be remedied.

COST CONTAINMENT:

A. Cost Analysis

A/E Services amounted to \$150,235. These fees included Survey, Soils Investigation, Environmental Assessment, Hazardous Materials Survey, and Design. All work was secured by fixed price bids.

The total bid amounts for Phase III and Phase IV were \$205,000 and \$784,000 respectively. The final contract amounts were \$216,589.28 for Phase III and \$846,564.30 for Phase IV.

The cost increases were driven by both Owner directed changes and by deficient conditions discovered while performing the work. There were no significant changes in the scope of work for either phase. The cost increases were within the 10% contingency assigned to this project.

The cost per square foot for the additions averaged a unit price of \$354.

PROJECT OUTCOMES:

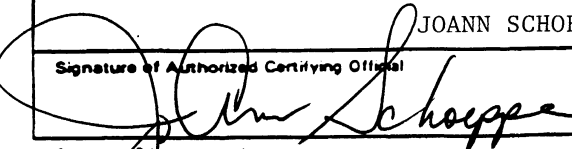
This project provided much needed new space and improved access, expanding the health care services which the Haines Health Center now can provide the community of Haines. The outcome has met the original need for this phase of construction.

PROBLEMS ENCOUNTERED:

No major problems were encountered during this project.

FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted DENALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0028-DC-2001-110		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM 3245 HOSPITAL DRIVE JUNEAU, AK 99801						
4. Employer Identification Number 92-0056274		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/01		To: (Month, Day, Year) 3/31/05		9. Period Covered by this Report From: (Month, Day, Year) 4/1/01		To: (Month, Day, Year) 9/30/03
10. Transactions:		I Previously Reported 4/1/01-3/31/03		II This Period 4/1/03-9/30/03		III Cumulative 4/1/01-9/30/03
a. Total outlays		498,104.06		-0-		498,104.06
b. Recipient share of outlays		110,000.00		-0-		110,000.00
c. Federal share of outlays		388,104.06		-0-		388,104.06
d. Total unliquidated obligations						-0-
e. Recipient share of unliquidated obligations						-0-
f. Federal share of unliquidated obligations						-0-
g. Total Federal share (Sum of lines c and f)						388,104.06
h. Total Federal funds authorized for this funding period						390,000.00
i. Unobligated balance of Federal funds (line h minus line g)						1,895.94
11. Indirect Expense						
a. Type of Rate/Place "X" in appropriate box <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 6.5%		c. Base 364,416.96		d. Total Amount 23,687.10		e. Federal Share 23,687.10
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title JOANN SCHOEPPE ACCOUNTANT V				Telephone (Area code, number and extension) 907 463 -4062		
Signature of Authorized Certifying Official 				Date Report Submitted SEPTEMBER 10, 2003		

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

Financial Status Report SF-269

This quarterly financial status report is due 45 days after the end of the calendar quarter. Please remember this is a report of the status of your expenditures and is not a request for reimbursement of those expenses. To request such reimbursement you must either make an electronic request on LOCES or file a Form H-3. If you plan on faxing your completed report, please exclude any fax cover sheets. Should you experience a delay in accessing our fax line, please mail the completed report to: Office of Justice Programs, Attn: Control Desk Room 970, 633 Indiana Avenue NW, Washington, DC 20531. Please type or print legibly and do not change any preprinted information. If you have already filed a report for the current calendar reporting quarter, please do not complete and return this report. If you have not forwarded your completed report to us, please use this SF 269A form to file your report.

<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
1.2.3	Self-explanatory	10	<u>Line D</u> is the total to date of your unpaid obligations. <u>Line E</u> is your share of these unpaid obligations and <u>Line F</u> is the Federal share of unpaid obligations. Please ensure that the total of line E and F is equal to the amount on line D.
4	Enter the 9 digit recorded on your grant award document.		
5	Identifying number assigned by your organization. If none, leave blank.		<u>Line G</u> is the total Federal share of your cash outlays and unpaid obligations regardless of whether you have received or requested reimbursement. It will be the total of Column 3, Lines C and F.
6	If you have finished expending funds related to this award regardless of whether they have been or will be reimbursed by the Federal Government check "yes". Otherwise check "no".		<u>Line H</u> is the total amount of your award. Change this amount only if you have received a supplemental award which is not reflected in the preprinted total.
7	Indicate whether your accounting system uses the cash or accrual basis of accounting for recording transactions related to this award.		<u>Line I</u> is the amount of your total award which has not been either expended through a cash outlay, or encumbered by an unpaid obligation. It is the difference between Column 3, Lines H minus G.
8	Enter the begin and end dates of the award period.		
9	Enter the begin and end dates for the current reporting calendar quarter.		
10	<u>Lines A, B and C</u> refer to your cash outlays for this award (i.e. monies you have spent). <u>Column I</u> is for the cumulative total of expenditures for the prior reported calendar quarter. If you wish to correct previously reported quarterly totals, enter the corrected amounts in this column. <u>Column II</u> is for the current reporting calendar quarter outlays. <u>Column III</u> is for the result when adding across the amounts reported in Columns I and II. Please ensure that the total of lines B and C equal the amount reported on line A for each of the columns.	11	Please refer to your award documents to complete this section. <u>Line 11 A</u> is self-explanatory. <u>Line 11 B</u> is the indirect cost rate in effect during this current reporting period. <u>Line 11 C</u> is the amount of the base against which the cost rate is applied. <u>Line 11 D</u> is the total amount of indirect costs charged during this current reporting period. <u>Line 11 E</u> is the Federal Government share of the amount reported on line 11 D. Note: If more than one rate was in effect during this report period, attach a schedule showing all applicable rates and amounts for line 11 B through E.
	<u>Lines D, E and F</u> should only be completed if you indicated in Item 7 that you are on the accrual basis of accounting. Lines D, E and F refer to the amount of unpaid obligations or accounts payable you have incurred. Items such as payroll (which has been earned but not yet paid) is an example of an accrued expense.	12	Only applies to OJP grantees. Please refer to your award/budget documents to determine what should be reported.
		13	Self-explanatory.